

SEDGWICK COUNTY SHERIFF'S DEPARTMENT RESERVE DIVISION

APPLICATION FOR APPOINTMENT

POSITION APPLYING FOR: Reserve Deputy Sheriff

Please complete this application legibly using black ink pen or typewriter.

Name	_____	_____	_____
	LAST	FIRST	MIDDLE INITIAL
Present Address	_____	_____	_____
	NUMBER	STREET	CITY STATE ZIP
Home Phone Number () _____	Work or Contact Phone No. () _____		

	YES	NO
Are you 21 years of age or older?	[]	[]
Are you a United States Citizen?	[]	[]
Are you a high school graduate? If not, do you possess a GED Certificate?	[]	[]
Are you of good moral character?	[]	[]
Have you any physical or mental condition, which might adversely affect your performance as a law enforcement officer?	[]	[]
Have you been convicted or do you have any expunged convictions by any state or the Federal Government of a crime which is a felony or its equivalent under the uniform code of military justice?	[]	[]
Do you now possess or are you willing to obtain a State of Kansas Driver's License? ...	[]	[]
If employed, are you willing to live in Sedgwick County and maintain a telephone in your home?	[]	[]

I certify that the foregoing statements are true and correct to the best of my knowledge. I understand that false or misleading information provided by me on this application may lead to disqualification or termination of employment. I understand that this application does not constitute an employment contract.

SIGNATURE OF APPLICANT

DATE

SEDGWICK COUNTY SHERIFF'S DEPARTMENT RESERVE DIVISION

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Social Security No. _____

Today's Date _____

Your Name _____
LAST FIRST MIDDLE INITIAL

Type of Position Desired (*check one*)

- ☐ 30 - 40 hours per week
☐ 20 - 30 hours per week
☐ 15 - 20 hours per week

What Shift will you work? (*check one*)

- ☐ First Shift
☐ Second Shift
☐ Third Shift

The information requested below will be used to meet federal record keeping requirements. Your participation is completely voluntary and will in no way affect your employment opportunities with Sedgwick County Sheriff's Reserve. Please complete all items that apply to you. Thank you for your cooperation.

Your Birthdate ____/____/____

Sex: ☐ Male ☐ Female

EDUCATION LEVEL (*check one*)

- ☐ (01) Less than high school
☐ (02) High School / GED
☐ (03) Trade Certificate
☐ (04) Some College
☐ (05) Associate Degree

- ☐ (06) Bachelor's Degree
☐ (07) Master's Degree
☐ (08) Professional Degree
☐ (09) Other Doctorate
☐ (10) PHD

HANDICAP (*check any if appropriate*)

- ☐ (A) Ambulatory
☐ (C) Coordination
☐ (H) Hearing
☐ (L) Learning / Psychological

- ☐ (M) Mental
☐ (S) Sight
☐ (P) Speech
☐ (O) Other

RACE OR ETHNIC GROUP (*check one*)

- ☐ (A) American Indian
☐ (B) Black
☐ (C) White

- ☐ (R) Asia / Pacific Islander
☐ (S) Hispanic

MILITARY STATUS (*check one if appropriate*)

- ☐ (A) Active Reserve
☐ (N) Inactive Reserve
☐ (R) Retired

- ☐ (V) Vietnam Era
☐ (O) Other Veteran
☐ (D) Disabled Veteran

REFERRAL SOURCE (*check one*)

- ☐ (A) Public Agency
☐ (B) Private Agency
☐ (C) Newspaper Advertisement
☐ (D) Personal Referral

- ☐ (E) Special Recruitment
☐ (F) Walk – In
☐ (G) Other

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Full Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Home Phone: _____ Business Phone: _____ Social Security No: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Build: _____ Hair: _____ Eyes: _____ Vision: _____

List any serious injury, illness, surgery or nervous disorder in the past 5 years:

Physician: _____ Address: _____

Indicate Birth Marks: _____ Scars: _____ Tattoos: _____

Marital Status: _____

Name of Spouse: _____

Is spouse employed? ☐ Yes ☐ No Firm: _____ Address: _____

Names and ages of children: _____

YOUR Employer: _____

Has any member of your family ever been convicted of a crime or engaged in activities, which could compromise your position as an Officer? ☐ Yes ☐ No

Explain: _____

Elementary School: _____ City: _____ State: _____ From: _____ To: _____

High School: _____ City: _____ State: _____ From: _____ To: _____

College: _____ City: _____ State: _____ From: _____ To: _____

Major Subjects: _____ Minor Subjects: _____ Hours Credit: _____

Trade schools or military specialist schools:

Name: _____ Place: _____ From: _____ To: _____ Graduate? _____

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Military Service: _____

Branch: _____ Date of entry: _____ Date of separation: _____

Job Description: _____

Rank Attained: _____ Award and Medals: _____

Type of Discharge: _____

Previous address during past ten years (*including military*):

Address: _____ City: _____ State: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ From: _____ To: _____

List additional addresses on separate sheet:

Driver's License (State and Code Number): _____

Have you ever been arrested? ☐ Yes ☐ No (If yes, attach separate sheet providing date, place, charge and disposition.)

Have you ever committed a crime where some disposition, other than legal action was made? ☐ Yes ☐ No
(If so, explain on a separate sheet.)

Have you ever belonged to any group or organization which advocated the overthrow of the U.S. Government or any local government, by force? ☐ Yes ☐ No
(If yes, explain on separate sheet.)

Provide names of three responsible persons, other than relatives or past employers who know you well enough to act as character witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Explain below, to the best of your ability, why you desire the position applied for, including any experience, training or ability that you believe will aid in qualifying you for the position. Describe fully any previous position you have held which required the exercise of authority or leadership:

**SEDGWICK COUNTY SHERIFF'S DEPARTMENT
RESERVE DIVISION**

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In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

Resident Phone No. _____ Business Phone No. _____

I hereby certify:

There are no willful misrepresentations or falsifications in the foregoing statement and answers of questions. I am aware that, should investigation disclose such misrepresentation or falsification. My application will be rejected and I will be disqualified from any future consideration to the Sedgwick County Sheriff's Reserve. I further authorize all former employers, acquaintances, officials or other persons given as references to give any information concerning my person, whether such personal information be as a matter of record or from personal knowledge.

Signature _____

Date _____
(MMDDCCYY)

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I authorize the National Personnel Records Center or Custodian of military records to release to the Sedgwick County, Kansas Sheriff's Department the following information or photocopies of military personnel and/or medical records:

1. An undeleted DD form 214, which includes reenlistment code.
2. The type and reason for release or discharge.
3. Drug or alcohol information.
4. Any derogatory or disciplinary information contained in my files.

Print Name: _____
(Last) (First) (Middle)

Service Number: _____ Date of Birth: _____
(DDMMCCYY)

Branch: _____ Dates Served: _____

Rank at discharge: _____

A photocopy of this authorization shall be as valid as the original.

Signature: _____ Date: _____
(MMDDCCYY)